

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)**

SERIAL NO.

FILING DATE

07502240

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						81					
2							82					
3							83					
4							84					
5							85					
6							86					
7		2					87					
8							88					
9							89					
10							90					
11							91					
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20							100					
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49												
50												
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	6						TOTAL DEP.					
TOTAL CLAIMS	8						TOTAL CLAIMS					